(cj. what effective measures are being taken to farther iteduce the birth rate?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. ' K. THARA DEVI SIDDHARTHA): (a) According to the report of United Nations Popuation Fund entitled "The State of Wrold Population—1992", the projected population figures of India and China, by the year 2025 A.D.,are 1442.4 million and 1512.6 million respectively, implying China's population being about 70 million more than that of India in that year.

(b) The Government ig very much concerned about the prevailing higher growth rate of population which is due to a slower decline in birth rate relative to steeper decline in death rate.

(c) With a view to bring down the birth rate in the country, an action Plan has already been evolved by trie Ministry of Health and Family Welfore and is being operationalised. This has been endorsed by the Health and Family Welfare Ministers of States and Union Territories in January, 1992. The Acation Plan highlights the need for evolving a national consensus ir support of the Family Welfare Programme and to obtain the willing participation of all sections of the so-iety. Its key features include, improivng the quality and outreach of family welfare services, Differential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the Census developing a mechanism to make available" funds to States/Union Territories on the basis of reduction of actual birth rate, increasing the coverage of younger age couples through vigorous promotion of spacing methods, intro-duciiicr new conraceptives and improving the quality of contraceptives, strengthening family welfare schemes in urban specially in slum pockets, revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, sustaining the good work done under the Universal Ijnmunisa-ion Programme and strengthening of other interventions for Maternal and Child Health Care, reorientation of information, education and communication efforts to focus on the quality of life issues and interpersonl com-muniction, involving voluntary and non-governmental organisations in a big way to promote active community participation in the programme, gearing up of the implementation machinery in the States/ Union Territories and evolving high livel inter-sectoral coordination mechanisms at the national, State and district levels.

दिल्ली के अस्पतालों में दवाओं की कमी

1818. **श्री मोहम्मद अफजल उर्फ भीम अफजल** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार को इस बात की जानकारी है कि दिल्ली के अधिकतर अस्पतालों में दवाओं की कमी होने के कारण आम जनता को बहुत कठिनाइयों हो रही हैं ; और

(ख) यदि हां, तो सरकार इस संबंध में क्या उपाय करने का विचार रखती है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के तारादेवी सिद्धार्थ) : (क) जी नहीं । दिल्ली के अस्पतालों में दवाओं की कोई कमी नहीं है ।

(ख) यह प्रश्न नहीं उठता ।

Promotions to CMOS in ISM

1819. SHRI HARVENDRA SINGH HANSPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to stater

(a) the policy adopted by Government to give promotions to CMOs in ISM and Homoeopathic in his Minis-

try who have completed 10 to 17 years of service and SMOs who have completed 4 to 11 years of service;

(b) whether Government propose to provide them promotions automatically at the time of their eligibility; and

(c) whether Government propose to create a separate cadre for ISM and Homoeopathic Doctors and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND' FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARATHA): (a) Promotion to the posts of SMOs and CMOs in ISM and Homoeopathy have been made based on number of sanctioned posts and as per the re-cruitment rules.

(b) Promotion are subject to availability of vacancies, availability of eligible officers as per recruitment rules, and their assessment by the Departmental Promotion Committees.

(c) The ISM and Homoeopathic doctors constitute separate groups.of posts.

'हॉलिस्टिक मेडिकल साइंस का विकास'

1820. **श्री प्रमोद महाजन :** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) "हॉलिस्टिक मैडिकल साइंस" का विकास करने के लिए क्या कदम उठाए जा रहे हैं ;

(ख) आयुर्विज्ञान संस्थाओं में शोध कार्य को बढ़ावा देने तथा आयुर्विज्ञान और आधुनिक आयुर्विज्ञान के बीच तर्कपूर्ण संतुलन बनाने के लिए क्या उपाय किए जा रहे हैं ;

(ग) क्या आयुर्वेद भारद्वाज संहिता आदि से संकेत लेकर अखिल भारतीय आयुर्विज्ञान संस्थान ने हर्बल कैमिस्ट्री आदि जैसे नए अनुसंधान विषय पर कार्य करने के लिए कोई योजना बनायी है ;

(घ) यदि हां, तो उसका ब्यौरा क्या है ; और

(ङ) यदि नहीं, तो इसकी संभावना पर विचार-विमर्श करने के लिए कार्य-शाला या संगोष्ठी कब तक आयोजित किए जाने की संभावना है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारादेवी सिद्धार्थ) : (क) से (ङ) अनुसंधान स्नातकोत्तर शिक्षा और भारतीय चिकित्सा एवं होमियोपैथी पद्धतियों की औषधों की गुणवत्ता नियंत्रण के लिए योजनायें तैयार की गई है और उनका कार्यान्वयन किया जा रहा है। अखिल भारतीय आयुर्विज्ञान संस्थान मूलत: आधुनिक चिकित्सा में अनुसंधान से संबंधित है । तथापि जड़ी-बूटी भेषज गुण विज्ञान, जड़ी-बूटी रसायन विज्ञान और जड़ी-बूटी औषधों के चिकित्सीय मूल्यांकन के क्षेत्र में कुछ अनुसंधान परियोजनायें प्रायोजित परियोजनाओं के माध्यम से संस्थान में शुरू की गई हैं।

Opening of I.S.M. Units

1821. SHRI MOHINDER SINGH LATHER: Will the Minister Of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the reasons for opening of the units of Indian System of Medicine and Homoeopathy under C.G.H.S. in and outside Delhi;

(b) what are the reasons for opening full fledged dispensaries of Modem System of Medicine in and outside Delhi;

(c) what are the details of opening of last C.G.H.S. Dispensaries of Ayurvedic, Homoeopathic and Unani System of Medicine in and outside Delhi with reasons for its degradation into the Units at present;

(d) whether Government are con sidering to upgrade the standard of the present units to a full fledged dis pensaries by augmentation of para medical staff as demanded by the various Residents' Welfare Associa tions and Societies;